

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20215	1-13-99
O.I.P.E. CLASSIFIER		69300	5-15-99
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	5/15/99
2	✓	✓	5/15/99
3	✓	✓	5/15/99
4	✓	✓	5/15/99
5	✓	✓	5/15/99
6	✓	✓	5/15/99
7	✓	✓	5/15/99
8	✓	✓	5/15/99
9	✓	✓	5/15/99
10	✓	✓	5/15/99
11	✓	✓	5/15/99
12	✓	✓	5/15/99
13	✓	✓	5/15/99
14	✓	✓	5/15/99
15	✓	✓	5/15/99
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49	✓	✓	5/15/99
50	✓	✓	5/15/99

Claim	Final	Original	Date
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99	✓	✓	5/15/99
100	✓	✓	5/15/99

Claim	Final	Original	Date
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147	✓	✓	5/15/99
148	✓	✓	5/15/99
149	✓	✓	5/15/99
150	✓	✓	5/15/99

If more than 150 claims or 10 actions  
 staple additional sheet here